UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/1996/5
27 November 1995

ORIGINAL: English

First regular session 1996
15-19 January 1996, New York
Item 14 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

BACKGROUND NOTE ON POSSIBLE MEMBERSHIP OF THE UNDP/UNPFA EXECUTIVE BOARD IN THE UNICEF/WHO JOINT COMMITTEE ON HEALTH POLICY

Report of the Executive Director

1. This report has been prepared in response to decision 95/15, which requested UNFPA to submit to the Executive Board at its first regular session in 1996 a brief background note on the issue of whether the Board should consider becoming a member of the UNICEF/WHO Joint Committee on Health Policy (JCHP). The report reviews the operation of the JCHP, briefly noting the history and structure of the Committee and examining the types of issues it has addressed and the actions it has taken; identifies some of the advantages of the UNDP/UNFPA Executive Board becoming a member of the UNICEF/WHO Joint Committee on Health Policy; and recommends that the Executive Board initiate actions towards becoming a member of the Joint Committee.

2. The report advocates the need for a high-level, intergovernmental advisory mechanism that can address health policy issues common to all three organizations and make recommendations for collaborative action. Such a mechanism would ensure that there is agreement and a common understanding and commitment to an overall health policy framework, which in turn would ensure that policy advice and strategies are complementary, in harmony and have a synergistic effect,

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especially at the country level. Common and coherent policy advice and strategies would also help Governments to build sustainable health systems at the country level.

A. Background

3. The governing bodies of UNICEF, WHO and UNFPA have often stressed the importance of close collaboration between the respective programmes of these organizations. Such collaboration acknowledges, and fully accepts, that WHO provides leadership in, and sets overall health policy on, all matters relating to human health in the United Nations system and that WHO has a primary responsibility to support countries in the implementation of their national health programmes. The collaboration among the three organizations is therefore qualitatively different from that among other agencies and organizations within the United Nations system, as was emphasized in the joint report of the Executive Directors of UNICEF and UNFPA on collaborative programming activities of the two organizations, which was submitted to the UNDP Governing Council at its thirty-ninth session in document DP/1992/28.

4. In the areas of child health and of reproductive health, the objectives of WHO, UNICEF and UNFPA converge in relation to goals for women and children in the 1990s. Such convergence is clearly demonstrated in the joint statement of common goals for the health and development of women and children, which was adopted by the three organizations in May 1990 (see the annex to this document). It is particularly pertinent in the context of this report that these common goals were reviewed by the UNICEF/WHO Joint Committee on Health Policy and expressed as the UNICEF/WHO Common Goals for the next United Nations Development Decade.

5. This convergence is further reinforced by the fact that UNICEF and UNFPA support many complementary or similar activities in the health area, most notably at the country level, and both draw upon the technical and policy guidance provided by WHO. Collaboration at the headquarters level in this area has taken place primarily through a joint WHO/UNICEF/UNFPA working group, which has had only limited success in addressing pertinent issues in the area of health policy and in sharpening the focus of collaborative activities accordingly.

B. Operation of the Joint Committee on Health Policy

History and structure

6. The UNICEF/WHO Joint Committee on Health Policy was established in 1948. Its primary objective was to recommend to the UNICEF Executive Board the types of health programmes for mothers and children that were suitable for UNICEF support. The Committee, which is made up of six members from each respective Executive Board and reports to the Executive Boards of both organizations, originally met in regular session every two years but, beginning in 1984, began to meet

more frequently in special sessions as well. The Committee is serviced by an inter-agency secretariat, which meets periodically to make arrangements for regular and special sessions. The Committee's terms of reference, which were revised in 1960 and reviewed in 1994, are as follows (document E/ICEF/1994/L.11):

(a) To review from time to time the overall needs of mothers and children in the health field and to recommend to the UNICEF Executive Board the types of health programmes having as their objectives the improvement of the health of mothers and children that could appropriately receive UNICEF support;

(b) To receive and review progress and assessment reports presented either by the Director-General of WHO or the Executive Director of UNICEF on different types of jointly assisted health activities and to recommend to the UNICEF Executive Board any reorientation of health activities that may be necessary;

(c) To consider any other matters of joint interest to WHO and UNICEF referred by the Executive Board or the secretariats of the two organizations and to recommend subsequent action to UNICEF and, when appropriate, make recommendations on non-technical matters to WHO;

(d) To report to the UNICEF and WHO Executive Boards on the foregoing matters.

Issues addressed and actions taken

7. The JCHP is not a decision-making body. It may recommend actions to the respective Executive Boards but does not have decision-making power. Recommendations from the JCHP are given due consideration by the Boards in determining policies and programmes for the respective agencies and for areas of mutual action. The Joint Committee thus "helps to guide the two agencies as to the types of health programmes which should most appropriately receive their complementary or joint support" (document E/ICEF/1995/11/Rev.1). The Committee's principal areas of interest have focused on strengthening child health activities.

8. The JCHP has, among other things, examined alternative approaches to health policy; reviewed programme implementation and monitoring at the regional level; identified areas for further joint or cooperative action such as the universal child immunization programme; and reviewed goals and objectives of health programmes for women and children. It has also initiated joint action to review the mid-decade goals for children; to formulate a set of time-bound health and nutrition goals which served as the basis for the goals for Child Survival, Development and Protection in the 1990s; to update the World Summit for Children; and to identify problem areas for joint collaboration between UNICEF and WHO.

9. Throughout much of its existence, JCHP endorsement of suggested actions has served as a major input to decisions by the Executive Boards to request that the agencies pursue a certain course of action. For example, the JCHP endorsed the focus on a subset of measurable and achievable mid-decade goals from the full list developed from the World Summit for Children and recommended adoption of the goals by the respective Executive Boards; emphasized the importance of specific indicators for assessing achievements in the health of children; stressed the need for joint work on childhood immunization; and sought further collaboration at the headquarters level in policy implementation. More recently, however, the JCHP has tended to take note of a suggested activity rather than recommend a course of action, opting instead to refer such matters to the Executive Boards for its further consideration.

C. Advantages of a tripartite joint committee on health policy

10. A tripartite intergovernmental committee on health policy composed of representatives from the Executive Boards of UNICEF, WHO and UNFPA would have several distinct advantages. First, and perhaps foremost, such a committee would provide the only venue where members of all three Executive Boards could meet jointly to discuss health policy issues common to the three organizations. This would, among other things, help sharpen the focus of collaborative activities in the areas of child and reproductive health, and enhance inter-agency collaboration in achieving the health and related social goals of the recent international conferences and summits, including the World Summit for Children and the International Conference on Population and Development (ICPD). This would also strengthen activities in advocacy, population and development strategies and in reproductive health programmes.

11. A tripartite intergovernmental committee on health policy would also: (a) help identify, and reinforce, areas of common concern in the mandates of the organizations; (b) foster greater effectiveness in reproductive health programmes by capitalizing on the comparative advantages of the mandates, structures and experiences of the three agencies; and (c) improve efficiency and effectiveness in the use of programme resources by making optimal use of the comparative advantage of the extensive field structures of UNFPA and UNICEF and the technical and normative expertise of WHO to plan, deliver and monitor quality child and reproductive health services.

12. It is likely that there would be no significant costs involved in transforming the JCHP into a tripartite committee. It would, however, require some input of time and effort by the members of the UNDP/UNFPA Executive Board, by the staff of UNFPA as well as by the members of the UNICEF and WHO Executive Boards.

13. Such a tripartite joint committee would require the services of an inter-agency secretariat composed of representatives of WHO, UNICEF and UNFPA. It is intended that the inter-agency secretariat would meet on a regular basis and consist of representatives at the level of Deputy

Executive Director, as well as of working-level support and technical staff from the three organizations. The secretariat would be responsible for, inter alia, reviewing present policies and structures, taking into account the agreements reached at recent international conferences, including the World Summit for Children and the ICPD; identifying agenda items to be taken up by the Joint Committee; supervising the preparation of background documentation and other pertinent materials; and identifying issues for discussion and possible policy options and recommendations.

D. Recommendation

14. The Executive Director recommends that the Executive Board take note of the report as contained in this document and initiate actions towards becoming a member of the UNICEF/WHO Joint Committee on Health Policy.

ANNEX

Common Goals for WHO, UNICEF and UNFPA*

The following goals for the health and development of women and children are common to WHO, UNICEF and UNFPA. These goals reflect existing policies of our Organizations. With respect to WHO and UNICEF, they have recently been reviewed by the UNICEF/WHO Joint Committee on Health Policy and expressed as the UNICEF/WHO Common Goals for the next United Nations Development Decade. The most recent expression of these goals by UNFPA is found in the Amsterdam Declaration adopted by the International Forum on Population in the Twenty-first Century (6-9 November 1989, Amsterdam).

Each of our Organizations has additional policies bearing on the health and well-being of women and children. While these additional policies may not be expressed explicitly in the policies and programmes of other agencies, they nonetheless are usually consistent with the approaches and objectives of the other agencies and, implicitly, are complementary to our common goals. We therefore draw your attention to these other policies as well, in order that our respective staffs are familiar with them and take them into account in the planning and implementation of coordinated and complementary support to national programmes for maternal and child health and family planning.

We have included under the rubric of "Goals" statements that many would consider as "Approaches". We have done this intentionally to emphasize the point that the processes by which the goals are attained are often as important as the goals themselves, particularly if the concepts of self-reliance and sustainability in development are to be realized:

1) Between 1990 and the year 2000, reduction of maternal mortality rate by 50 per cent;

2) Between 1990 and the year 2000, reduction of infant and under-5 child mortality rates in all countries by one-third or to 50 and 70 per 1,000 live births respectively, whichever is less;

3) Access by all couples, especially women, to family planning information and services, so as to avoid pregnancies that are too early, too late, too many or too frequent during a woman's reproductive cycle;

4) Enable virtually all women to exclusively breast-feed their child for four to six months and to continue breast-feeding with complementary food well into the second year;

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* As adopted in May 1990 by WHO, UNICEF and UNFPA.

5) By the year 2000, universal access to and completion of primary education by at least 80 per cent of primary school aged children, and reduction of adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy;

6) The most urgent priority in education is to ensure access to, and improve the quality of, education for girls and women, and to remove obstacles that hamper their active participation.